



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E353453**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-2117
LOCAL AGENCY CODING	WA0311900
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	08	-	30	-	2014	TIME (2400)	1347	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	0664
-------------------	----	---	----	---	------	-------------	------	----------	----	-------	---	---	------

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9 NE	BLOCK NO. <input checked="" type="checkbox"/>	3800
	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
	SR 92 NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252395615
---------	---	--------------------------------------	--	---------------------

LAST NAME	ANTINORO	FIRST NAME	PAUL	MIDDLE INITIAL	D
-----------	----------	------------	------	----------------	---

STREET NEW ADDRESS <input checked="" type="checkbox"/>	15003 61ST ST NE
--	------------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
------	--------------	----	----	-----	-------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	ANTINPD270C6	STATE	WA	SEX	M	D.O.B.	02	-	26	-	1973
--------------------	--------------	-------	----	-----	---	--------	----	---	----	---	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------

LICENSE PLATE #	036YPT	STATE	WA	VIN#	JHMCB7650LC042334
-----------------	--------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	1990	MAKE	HOND	MODEL	ACCOR	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	---	----------	---

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	NONE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4259489986
---------	---	--------------------------------------	-------------------------------------	---	--	---------------------

LAST NAME	COLEMAN	FIRST NAME	KARI	MIDDLE INITIAL	R
-----------	---------	------------	------	----------------	---

STREET NEW ADDRESS <input type="checkbox"/>	1410 130TH DR NE
---	------------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
------	--------------	----	----	-----	-------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	COLEMKR237OW	STATE	WA	SEX	U	D.O.B.	09	-	16	-	1977
--------------------	--------------	-------	----	-----	---	--------	----	---	----	---	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------

LICENSE PLATE #	ALK5730	STATE	WA	VIN#	KNAFU8A20D5743023
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2013	MAKE	KIA	MODEL	AMANTI	STYLE	CP	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	-----	-------	--------	-------	----	---	----------	---

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4341692558
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	DEAN THOMAS	BADGE OR ID #	094	AGENCY	WA0311900
------------------------	-------------	---------------	-----	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E353453**

CASE # **14-2117**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		COLEMAN KAYLEE R																	
ADDRESS & PHONE #		1410 130TH DR NE LAKE STEVENS WA 98258 4259489986																	
		SEX	F	D.O.B.	MMDDYYYY	03			08	2001									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B.	MMDDYYYY														
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B.	MMDDYYYY														
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit #2 was stopped at the signal on SR9 NE facing southbound preparing to turn eastbound on SR92 when Unit#1 struck it from behind. The driver of unit#1 immediately stated it was his fault and failed to stop causing him to strike Unit #2. The driver of Unit #1 also immediately stated his insurance had lapsed due to not paying his premium. Unit #1 gave me his expired insurance card (06/14). His insurance policy number is Geico #4354-76-86-26. Driver of Unit #2 had a red mark on her upper chest consistent with a mark a seatbelt had left. Driver of Unit #2 stated she is pregnant and will need to go to the doctor. Passenger of Unit#2 stated she was not injured.

I witnessed this collision. I was approaching the red light signal traveling southbound on SR 9 NE and preparing to merge into the left turn lane to turn eastbound on SR 92 when I observed the Unit #1 (Honda Accord) strike Unit #2 (Kia) from behind. Unit #2 was at a stopped position in the inside left turn lane waiting to turn eastbound onto SR 92.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DEAN THOMAS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-02-14 01:17 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

9/2/2014 3:20:45 PM

BADGE OR ID #

094

ORI #

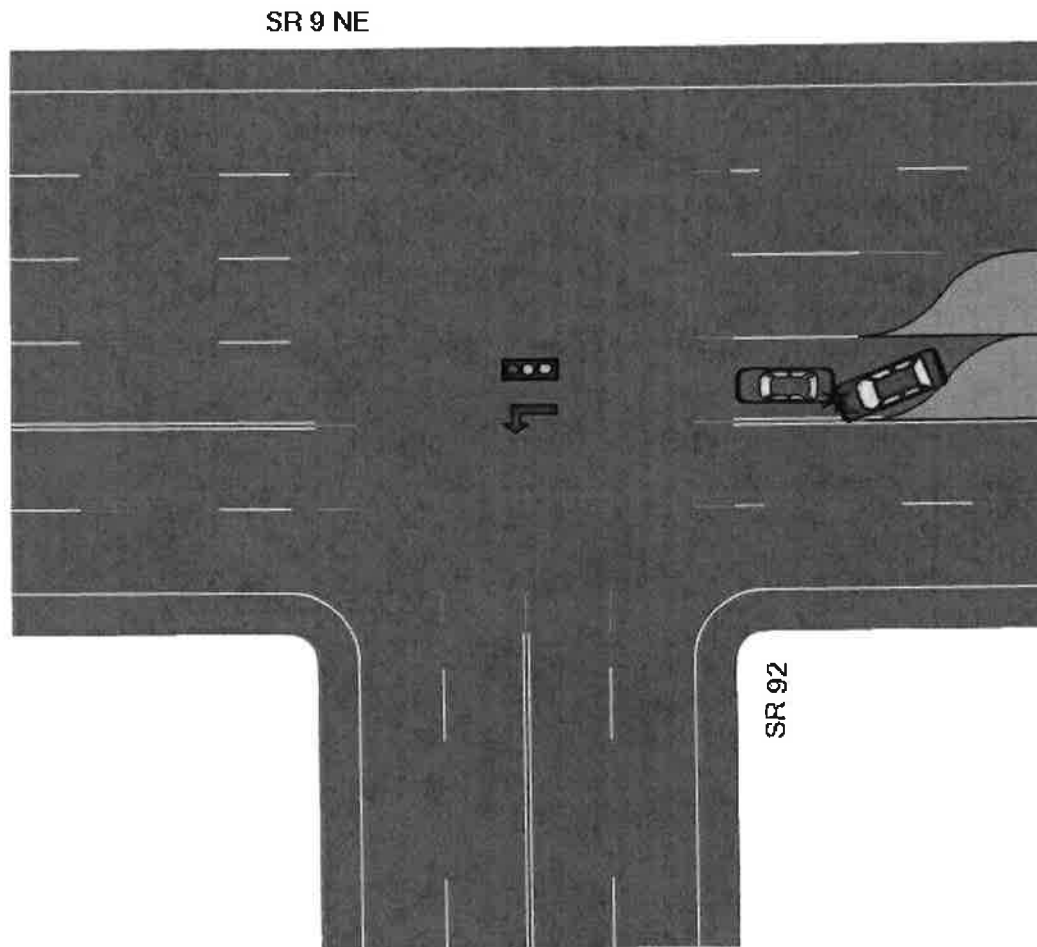
WA0311900

TIME POLICE DISPATCHED

1:47 PM

TIME POLICE ARRIVED

1:47 PM



Incident History for: #SS14016975

Case Numbers: \$SS14002117

Entered 08/30/14 13:47:32 BY SPDP17 SP0203

Dispatched 08/30/14 13:47:32 BY SPDP17 SP0203

Enroute 08/30/14 13:47:32

Onscene 08/30/14 13:47:32

Closed 08/30/14 14:03:11

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: S01800 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: Sr
c:

Loc: SR 9 NE/SR 92 , LKS (V)

Loc Info:

Name: Addr: Phone:

/1347 (SP0203) \$OUTSRV , NO, NONINJ, BLKING, WILL TRY TO GET IT MOVED [
/1347 DISPOS 19D1 #SS94 THOMAS, DET (DEAN)
/1347 CHANGE LOC: SR 92/SR 9 --> SR 9 NE/SR 92 , LKS,
DGP: SS1 --> S01,
BLK: --> S01800
/1347 CONTRL GRP: S01
---> SS1.
/1348 (SS94) REMINQ 19D1 MDTVEH, 036YPT, , WA, , , , , , , , , ,
/1348 REMINQ 19D1 MDTWANT, , , , , , WA, ANTINPD270C6, , , , , , , , , ,
/1348 (SP0203) MISC 19D1 , WSP ADV
/1348 MISC 19D1 , OFF RDWAY
/1356 MISC 19D1 , CANCEL WSP
/1356 MISC 19D1 , WSP HAS BEEN ADV' D
/1356 (SS94) REMINQ 19D1 MDTVEH, ALK5730, , WA, , , , , , , , , ,
/1358 (SP0203) ASNCAS 19D1 \$SS14002117
/1403 CLEAR 19D1 D/H
/1403 CLOSE 19D1